



John Elias Baldacci  
Governor

## MAINE CRIMINAL JUSTICE ACADEMY

15 Oak Grove Road  
Vassalboro, Maine 04989



Michael P. Cantara  
Commissioner

John B. Rogers  
Director

### APPLICATION FOR LAW ENFORCEMENT RECERTIFICATION

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Soc. Security # \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

#### ACADEMY USE ONLY

Notice of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
Alert Test Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
Criminal Background Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
Motor Vehicle License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
Training Transcript	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
Completed Re-Certification Class	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____
Firearms Qualifications Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ____/____/____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewing Staff Member: \_\_\_\_\_

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

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